HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and lifer. ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR. List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered. F.SP.DC.JT NAME AND ADDRESS OF SOURCE OF INCOME ANDUNT SERVICES RENDERED ANDUNT SERVICES	Wills	Last, First, Middle) on Carolyn T. ACH ITEM, EXCEPT ITEM 9, DISCLOSE II	TERM OF OFFICE NTERESTS OF FILER, S	7/02 CANUAL POUSE, AND DEPENDEN	/ PENEUX
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[] Check here if entry is None [] Check here if entry is None [] Check here if additional sheets are attached ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. F.SP. DC.JT BUSINESS NAME AND ADDRESS NATURE OF BUSINESS NATURE OF INTEREST VALUE OR NO. OF SHARES PARTIE JENEY AUXIL ONLY AU					D
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ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. F,SP, BUSINESS NAME AND ADDRESS NATURE OF BUSINESS NATURE OF INTEREST VALUE OR NO. OF SHARES IP Have William Communications Faura Christians Advitising I Check here if entry is None []Check here if additional sheets are attached.		Hon. De. 0 94813			
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Page 20		Heleil Wilson Communications.	Public plations advertising	Partner	
FORM D-201		k here if entry is None		Check here if additional sh	eets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC,JT **PERIOD TRANSFER** √Check here if entry is None **ITEM 4: CREDITORS** List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods. F.SP. NAME OF CREDITOR ORIGINAL AMOUNT **AMOUNT** DC,JT **⊘WED OUTSTANDING** Plape Home Sinance He 3415 Vision Prive Columbus, Ohio 43219 Plap Oahu One Credit Union 2019 Pausa Rd. Hom. Hi. 91513 []Check here if entry is None []Check here if additional sheets are attached ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. **TERM OF OFFICE** F.SP. NAME AND ADDRESS OF BUSINESS TITLE HELD ANNUAL COMPENSATION DC,JT []Check here if additional sheets are attached [\sqrt{Check here if entry is None

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F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF MAP KEY NUMBER EXISTS)	TAX VALUE
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List interes more. Rea listed.	ITEM 7: INTERESTS IN REAL PROPERTY ACC ts in real property in or outside of the State acquired du property that is your personal residence or the personal	ring the disclosure period, if the inte	rest has a value of \$10,000 or
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
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IT List interes	EM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred of Real property that was your personal residence or the per	SFERRED, EXCLUDING PERSO during the disclosure period, if the in	DNAL RESIDENCE(S) Interest has a value of \$10,000
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

[√ Check here if entry is None

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[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies,	except in ministerial matters,	for a fee or compensation
during the disclosure period, excluding clients represented before courts.	•	•

NAME OF CLIENT	NAME OF STATE AGENCY	
;		
[]Check here if entry is None		

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

[Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

May 3 2004